

# CHEMIST & DRUGGIST

The newsweekly for pharmacy

January 9, 1993



**NEW TEMPEST.**

DEODORANT BODY SPRAY FOR MEN

TEMPEST

LYNX

NO CGC

**RAW PULLING POWER!**

Lynx introduce Tempest, the new variant with the power to cause a sales explosion.

Power that comes from:

- £6Million advertising investment including Tempest's own powerful 10 sec execution.
- A new unique fragrance capturing the raw power and excitement of nature.
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Tempest is destined to become the No1 seller in the Lynx range-growing the total Lynx brand just like the other Lynx variants before it.

That's why Lynx is and will stay the U.K.'s number one male toiletries range.

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**PSNC takes gloomy view on blacklist**

**Society greets guidance on waste disposal**

**Drink driver told he must overcome habit**

**UKCPA recruits from community**

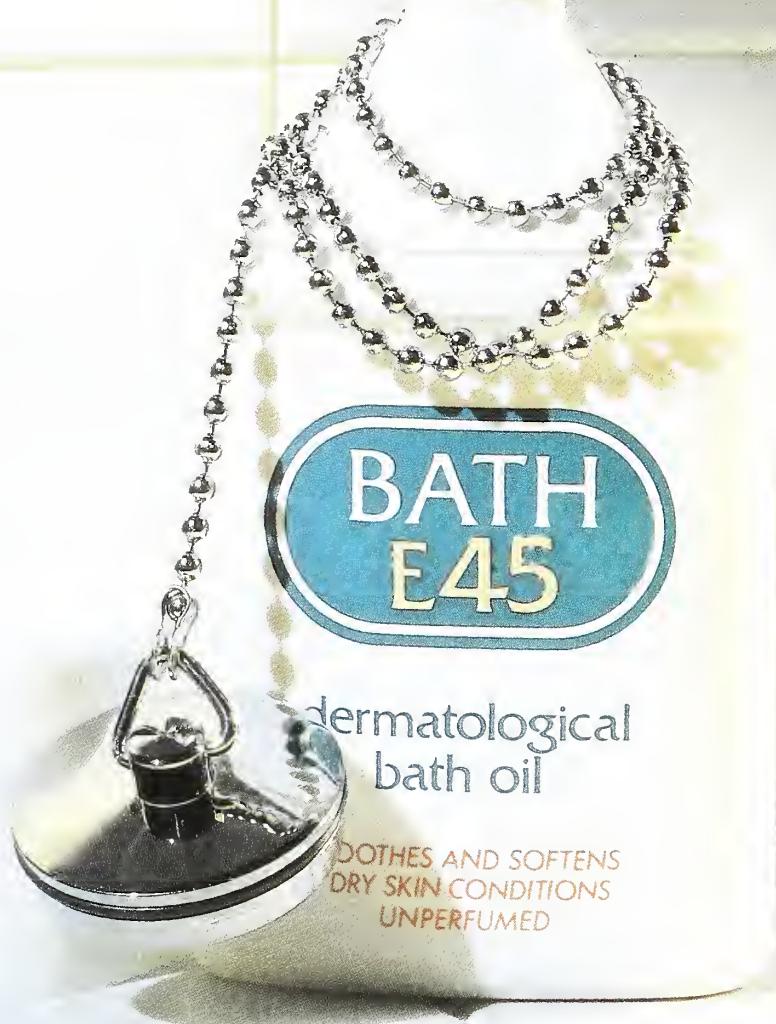
**Douglas da Costa: flying the right colours**

**Business in focus: starting from scratch**

**AAH in talks with Clark Care**

**Davidson gets New Year MBE**

# The bath oil that doesn't just work in the bath.



If the skin is dry, sensitive and irritated, using soap or any bath additives that foam can make it worse. But Bath E45, an unperfumed oil, can make it a lot better.

Bath E45 treats the whole body simply and effectively. Dermatologically tested and allergy-screened, Bath E45 soothes and softens dry, rough, itching skin, while replacing lost moisture. Bath E45 forms a protective film over the skin, and, due to its silicone content, it keeps the moisture in, and the skin feels the emollient effect long after bathing.

Trials provide ample evidence for the superior efficacy of Bath E45. They show that Bath E45 has a longer-lasting effect than two leading bath emollients<sup>1</sup> and compares well with standard therapy<sup>2</sup>.

Available on FP10 or OTC, Bath E45 can be recommended for bathing dry skin, including such conditions as eczema, dermatitis and psoriasis.



## ESSENTIAL MOISTURE THERAPY FOR DRY SKIN

References: 1. Data on file, Crookes Healthcare Limited, Report No. CPD 223A. 2. Data on file, Crookes Healthcare Limited, Report No. M89142.

For detailed information on Bath E45 and the full range of E45 products, contact: Crookes Healthcare Limited, Nottingham NG7 2LJ.

## PSNC warns little notice will be given of additions to Selected List

40

Gordon Geddes advises pharmacists to familiarise themselves with relevant sections of BNF

## UKCPA plans to extend recruitment in community sector

40

Major meetings to increase to three a year to meet needs of expanding membership

## RPSGB welcomes new guidance in disposal of pharmaceutical waste

41

DoE issues new instruction to Waste Regulation Authorities to cut red tape

## Drink drive pharmacist warned he faces being struck off

41

Statutory Committee warns Bournemouth man he must conquer problem

## Flying the right colours

49

Douglas da Costa talks about his 50 years in business

## Business in focus: starting from scratch

52

Some suggestions to get a new business off the ground

## AAH in negotiations to purchase Clark Care

55

Four more pharmacies bought for £2.35m in Norfolk

## Nielsen reorganise European operations...

55

...according to function rather than by country

## Scottish pharmacist gets New Year Honour

62

Douglas Davidson gets MBE

## REGULARS

Topical reflections	42
Prescription specialities	43
Medical matters	43
Counterpoints	44
Letters	54
Business news	55
Classified advertisements	56
Business link	61
About people	62
Coming events	62

## Comment

1993 is the year for the common marketeer, when many trading and professional barriers come down in the European Community, when it becomes easier to look to markets farther afield than the UK. For community pharmacists, 1993 will not be the year the Register is overrun with "Euro-pharmacists" but it will be a year of opportunity. Whatever the three national negotiating committees deliver, the real opportunity may yet lie outside the health service. As FHSAs and GP fundholders negotiate "supplies" with local providers — including community pharmacists and hospital trust pharmaceutical services — the PSNC, SPGC and PCC will increasingly struggle to control the pharmacy contract nationally. Pharmacists should refuse to provide any new services without direct financial recognition, while keeping their central negotiators informed of local options and actions. UK pharmacy will be divided and abused if caring is not balanced with caution.

The Government recognises and points to the accessibility and quality of pharmacy advice. Privately, each pharmacy can determine its unique service points. Multiples can do so within the practice codes adopted by their companies, but the independent or small chain operating in a defined area can produce a daunting package. The medicines that pharmacists sell are their

unique selling point and those that *only* they can sell deserve special attention. More will come their way if the POM to P bandwagon rolls faster, boosted by products otherwise destined for the extended Selected List.

Many POM products which become scheduled will simply die; others will linger on, as will some P and GSL products formerly marketed through the GP prescription route — there are too few Solpadeines and Benylins around. The money "saved" from the drugs bill will not simply be transferred to OTC medicine sales — pharmaceutical companies are right yet again to warn the Government against the dangers of killing the products that fund new research.

Community pharmacists are uniquely placed to advise GPs on more cost-effective prescribing and the public on more cost-effective buying of OTC medicines. The time is right to display medicinal wares to greater effect in a professional, user-friendly environment where the balance of all goods for sale more nearly reflects their importance to the business. Multiple retailers are already doing this with GSLs: the independent must not stand by and let his birthright be stolen. Proper presentation of medicines and services will secure for UK community pharmacists their rightful share of health business in the wider European Community.

# PSNC takes gloomy view of blacklist

Community pharmacists will be given little warning of products which are likely to be added to the Selected List this year, probably starting in April, the PSNC's Gordon Geddes has warned.

There could be as little as 10 days' notice through the pharmaceutical press, so it is important that pharmacists familiarise themselves with those sections of the British National Formulary where products are likely to be scheduled, he suggests in the latest *PSNC News*.

The list of products likely to be blacklisted will be extensive, Dr Geddes predicts. Major savings will be made on antihistamines under drugs for allergic disorders, with only five drugs retained for NHS prescription.

Preparations for anaemia — effectively oral iron preparations — are likely to be restricted to ferrous sulphate and ferrous gluconate (both available as generics) and three iron and folic acid preparations.

All proprietary preparations listed in the *BNF* under anti-diarrhoeals will be scheduled, he predicts, and all products listed as appetite suppressants may be banned.

Under contraceptives, products such as spermicides, which are

available OTC, are likely to be blacklisted, while the NHS Advisory Committee may take the view that the provision of the Pill is not a proper use of NHS resources. Alternatively the cheapest preparation in each category may be retained.

Skin preparations will be subject to major review. It is likely that proprietary brands in *BNF* section 13.3 will be blacklisted while corticosteroids will come under close scrutiny,

says Dr Geddes. Compound preparations will be heavily restricted and all proprietary hydrocortisones are likely to be banned. Combination products for psoriasis and eczema are "particularly susceptible to banning", while cost criteria are likely to be applied to ACBS approved sunscreens and camouflagers. Proprietary anti-infective skin products and topical NSAIDs are also likely to be banned, says Dr Geddes.

## Fee options for vet medicines

The Veterinary Medicines Directorate is seeking views on three possible fee options for licensing in 1993-94.

The first is to keep the existing structure of graded annual fee (GAF) and capital fees. There would be no fee increase and GAF would be maintained at a maximum of 0.63 per cent, with a possible reduction if over-recoupement became likely during 1993-4. Licence holders with a turnover under £40,000 would pay the minimum £250.

The second option would retain the existing fees structure but would apply the forecast work recording results to the main categories of fees. This would require an increase in capital fees of 33 per cent over two years. For 1993-94 this option would result in an increase in capital fees of 16 per cent, a reduction in GAF to 0.57 per cent (but retaining the minimum GAF fee of £250 for companies with a turnover of less than £44,000) and a freeze on all other fee levels.

For option three, the same general approach would apply as in option two, but a fixed annual fee of £150 would be introduced for each valid licence held by licence holders with an overall annual turnover in veterinary medicines of £140,000 or more. Capital fees would increase by 16 per cent and a GAF percentage of 0.43 per cent would apply where a fixed annual fee was charged.

Licence holders with turnover of less than £140,000 would not pay a fixed fee but be charged GAF at 0.57 per cent; those with a turnover below £44,000 would pay a minimum GAF fee of £250.

Comments to Mrs V. Vanstone, Room 108, VMD, Woodham Lane, New Haw, Addlestone, Surrey KT15 3NB.

## UKCPA aims for more community members

The UK Clinical Pharmacy Association has reviewed its strategy and formulated a business plan which includes further recruitment of community pharmacists. Its main aims are "to foster the concepts and practices of pharmaceutical care for the benefit of patients and public. We will establish standards, provide education and promote innovation."

The Association says membership is growing steadily, and there are plans to run two or three major residential meetings annually to meet the needs of this expanding membership. It also intends to increase hospital

membership and actively recruit in community pharmacy, providing a forum for both sectors to discuss current clinical issues.

To stimulate research, the Association has established six practice interest groups: Care of the elderly, cancer care, critical care, quality assurance in clinical pharmacy, surgical services and education and training. Others are likely to be set up and most will take over the responsibility for training programmes.

Further details from Mrs Pat Kennedy, 73 Aylestone Road, Leicester LE2 7LL (tel: 0533 552020).

## Savory & Moore in court

Savory & Moore, who appeared in Jersey's Police Court before Christmas, charged with 19 offences concerning the Misuse of Drugs Act at their David Place pharmacy, were due in court again on Thursday.

According to a report in the *Jersey Evening Post* the offences relate to articles 5 and 19 of the 1978 Drugs Law, and are alleged to have occurred between January 23, 1991 and November 15, 1991.



# Drink driver pharmacist must prove he has conquered drink problem

A Bournemouth pharmacist who drove after drinking more than three and a half times the legal limit of alcohol has been warned that he faces having his name removed from the Pharmaceutical Register.

Mohan Dhariwell, 48, of 30A Branksome Hill Road, was told by the Statutory Committee of the Royal Pharmaceutical Society, that it wanted evidence that he had conquered any drink problem before deciding what to do with him.

The warning came after the Committee heard that Dhariwell was stopped driving a Saab on the A33 near Winchester on November 11, 1991. He appeared at Winchester Magistrate's Court

on December 18 and pleaded guilty to drink driving.

He was disqualified for two years, ordered to perform 40 hours community service and told to pay £20 prosecution costs, said Mr Joselin Hill, solicitor to the Society.

Mr Dhariwell told the Committee he had started drinking at home after going bankrupt. His wife had started divorce proceedings and he had no friends. However, he had not touched a drop of drink since being breathalysed after a minor accident near the M3 motorway and the A33.

The committee decided to adjourn a decision on the case until next March to give him "the

opportunity to establish to the committee's satisfaction that all is now well."

Announcing the postponement, chairman Mr Gary Flather QC said the Committee would expect Mr Dhariwell to provide a psychiatric report into his past and current drinking habits and his consequent ability to maintain a safe pharmaceutical practice.

He would also have to provide references from at least two pharmacists, preferably members of the Society, one of whom should be his current employer.

A third requirement would be a reference from a person of status at the Hindu temple where he worshipped.

# Supermarket pharmacies refused

Tesco and Safeway have been refused permission to dispense from two stores. Tesco's plan to open a pharmacy in a new superstore in Chichester was turned down by West Sussex Family Health Services Authority as being "neither necessary nor desirable." According to the *Chichester Observer*, the scheme provoked a storm of opposition. Nearly 2,500 people signed a protest petition.

In Tiverton, Safeway have been refused permission to dispense from their store on Kennedy Way. Devon FHSA decided that other pharmacies in the town already provided a full service to residents.

## Confusion on EC milks Directive?

There may be some confusion over the pharmacist's position regarding recommendation of babymilks.

An EC directive, which upgrades the status of the pharmacist to that of a health professional able to recommend infant formulae, was approved in Europe on December 1, 1992, but has not yet been incorporated into UK law.

Crookes Healthcare say that publication of the Government's consultative paper, which will form the basis of the legally recognised upgrade in status, has been delayed so that UK law is unlikely to change until the middle of this year.

Crookes Healthcare have cast doubt on information which has been mailed to pharmacists by Wyeth Laboratories, and say that any educational materials circulated in advance of the directive passing into UK law will fail to take into account the final rulings.

Crookes, with the National Pharmaceutical Association, are working to develop the most authoritative training package for pharmacists on babymilks. This will be circulated when details of the directive are known and will take account of all of the Government's recommendations for the UK market.

A spokesman from Wyeth told C&D that Crookes Healthcare has lodged a complaint with the committee which monitors the voluntary code of babymilks marketing.

The spokesman believes that Wyeth acted "entirely properly" over the information it sent to pharmacists and will answer the issues raised when the committee meets in the near future.

## Society welcomes guidance on waste regulations

The Royal Pharmaceutical Society has welcomed news of the Department of the Environment's guidance on the collection and disposal of pharmaceutical waste (C&D January 2 p3).

The DoE has sent a guidance document to the chief executives of the Waste Regulation Authorities in England; the Scottish Office Environment Department and the Welsh Office have issued similar advice. Under this, pharmacists will no longer need to make detailed lists of the individual medicines being disposed of.

In its guidance, the DoE recognises that pharmacists have an important role to play in the collection and disposal of pharmaceutical waste as it removes potentially hazardous substances from the home.

The DoE also realises that pharmacists are key people to undertake responsibly these tasks and that they will have to work within the current regulations as they apply to the collection and disposal of pharmaceutical waste.

Pharmacists must complete consignment notes before the waste is removed from their premises and copies should be distributed to the various authorities and bodies as agreed in local schemes or protocols.

A copy of the consignment note must be kept in the pharmacy for a period of two years.

No arrangements have yet been made about the disposal of Controlled Drugs, although it is anticipated that a decision about whether or not it will be possible to dispose of small quantities via the sewage system will be made in the near future.

The RPSGB says that the Department of Health is currently looking at ways of distributing the £1 million allocated to set up and fund regular schemes to collect and dispose of pharmaceutical waste

returned by the public to pharmacies. The Pharmaceutical Services Negotiating Committee has pressed the DoH to distribute this as soon as possible so that it will be used before the end of the financial year.

## Scots seek meeting with Minister

The Scottish Pharmaceutical Standing Committee is still waiting for a meeting with the Health Minister to discuss aspects of remuneration.

The Committee decided at a meeting on December 2 that there was a need for an adequate compensation scheme to enable small "non-essential" pharmacies to close. A redefinition of the essential pharmacy allowance to include urban areas was also among topics to be raised with the Minister as a matter of urgency.

Scottish contractors were recently awarded an increase of 4.75 per cent for the current year (C&D November 21, p910), with the introduction of a professional allowance. Details of fees and the professional allowance are not yet available, but the Committee expects these to come into effect on February 1 after Regulations have been laid.

The Committee welcomed a proposal to place temazepam under Schedule 3 of the Misuse of Drugs Regulations, which would mean tighter controls on possession and supply.

## Fourth wave trusts

A further 121 units have expressed an interest in becoming fourth wave NHS Trusts, to become operational in April 1994. Some 156 trusts are fully operational with another 129 coming into existence this April.

## Cot death plea

The Foundation for the Study of Infant Deaths have written to district health authorities, hospitals and maternity units urging them to distribute the foundation's leaflet giving risk reduction guidelines. Copies are available by sending an SAE to FSID, 35 Belgrave Square, London SW1X 8QB.

## Health of Nation

Secretary of State for Health Virginia Bottomley has announced two new initiatives to help implement the Health of the Nation strategy. A series of regional conferences will be held in each of the 14 health regions in England. The first is provisionally scheduled for January 25 in the south west. A newsletter "Target" has also been published.

## DHAs merger

The proposed merger of East and West Suffolk District Health Authorities, to form a new Suffolk Health Authority from April 1, has been agreed.

## Time for limited substitution

Rota duties are one of those contractual requirements that, although I have always resented the abysmal rate we are paid, does nevertheless provide some professional satisfaction. This year I drew the short straw, being on duty twice over Christmas and the New Year.

Everything went smoothly until I was asked for a common antibiotic but in an unusual strength and of a brand I do not stock.

Like many rota scripts, this had been issued by a deputising doctor who, by the time I tried to contact him, had gone off duty and was no doubt energetically tucking into roast turkey. I did eventually track him down and got the authority to supply a substitute — but it took many phone calls and a lot of time during an extremely busy rota.

On talking to the patient's representative, it seems that a first dose had been given by the doctor out of his "little black bag". A sample, no doubt, from some zealous representative who had seeded the deputising doctor with professional samples in the knowledge that they would be used as a first dose and then prescribed. As well as being ethically irresponsible, this practice caused a lot of unnecessary aggravation to myself, the patient and to other patients who were needlessly delayed.

Most deputising doctors prescribe responsibly. The temptation to use medical samples is understandable but it is the duty pharmacist who has to deal with the possible mayhem caused by the prescribing of locally unfamiliar brands of commonly used drugs.

I do not agree with blanket generic substitution but, when on rota, time is pressing and it is not always possible easily to contact the prescriber. Far better to change the pharmacist's terms of service

to allow substitution if it is felt to be professionally necessary, but only after making reasonable efforts to contact the doctor. The substitution could then be made without inconvenience to the patient and the prescription then suitably endorsed for payment by the Pricing Authority.

application acted like an answer to all my prayers. Applied at the first sign of stinging, with me, only a small blister forms which disappears painlessly within a few days.

My evidence may not satisfy the strict guidelines of double blind trials, but if Wellcome require unequivocal anecdotal support from an impeccable source they only have to write to me! The citations will, of course, have to remain anonymous but I am sure the Editor will vouch for their authenticity!



## Impeccable source of anecdotal evidence

I was really looking forward to the day when I could counter-prescribe Zovirax Cream for cold sores, confident in the knowledge that, at last, here was a product that really could help this distressing condition. It seems, however, that my anticipated joy could be thwarted if a report from the latest *Drug and Therapeutics Bulletin* is heeded by the licensing authorities (*C&D* January 2 p13).

Contrary to popular opinion and the present licensed indications for Zovirax Cream, the *Bulletin* reports that the topical application to cold sores "has no effect on itching or the duration of symptoms". Tell that to the marines or, in this case, many of my patients and myself who all know that it does work. I suffered years of painful and embarrassing cold sores until the launch of Zovirax when the first

## Resist this principle!

With the imminent addition of more categories of drugs to the Selected List, Mrs Virginia Bottomley has now published revised terms of reference for the Advisory Committee on NHS Drugs (*C&D* January 2 p4). One of these terms says that a product may be blacklisted if it falls "within one of those categories according to the purpose for which it is, or will be, prescribed even if the drug is not licensed for those purposes".

When the original blacklist was introduced the incidence of allergic rhinitis appeared to rise dramatically, a fact upon which I commented at the time but until now has never been questioned. In future, however, the Committee could take the view that drugs are being prescribed for unlicensed purposes and therefore ban them from NHS supply.

All those products now used for their licensed indication of allergic rhinitis could be banned on the grounds that they are being underhandedly prescribed for the symptomatic relief of the common cold. Great for Mrs Bottomley but bad news for genuine sufferers from allergic rhinitis!

Extending this principle across all therapeutic categories could enable the Committee to blacklist almost any drug at will regardless of its licensed indication or of the stated diagnosis of the practitioner. Such a draconian power must be resisted at all costs otherwise the limited professional abuse of the present regulations will become insignificant compared to the potential massive bureaucratic abuses of the new.

## No Smoking Day is breathtaking

The tenth anniversary of the UK's most effective health education campaign — No Smoking Day — will take place on March 10, 1993.

This year's campaign theme is "Breathtaking" because smoking literally takes your breath away, say the campaign's organisers.

The visual image to accompany the campaign shows a woman with a chiffon scarf clouding her face. The image is said to be a metaphor for cigarette smoke, showing the screen it creates between smokers and clean air.

To help promote the Day in pharmacies, posters and leaflets giving advice on how to stop smoking will be available via the Pharmacy Healthcare Scheme. Items such as banners and T-shirts are available from the No Smoking Day campaign office.

## GP drugs 'unsuitable'

"GPs may unwittingly be prescribing unsuitable drugs where other treatments might be more effective, but official secrecy means it is difficult to know," according to the latest issue of *Which?* from the Consumers' Association.

The Association, publisher of the fortnightly *Drugs & Therapeutics Bulletin*, believes that professionals and patients should have the right to know how safe and effective medicines are. It is urging the Government to back a private member's bill, which would allow access to this information. The Medicines Information Bill (*C&D* December 12 1992 p1047), launched by Giles Radice MP, is due for a second reading on January 15.

## CPP exams

The College of Pharmacy Practice's Spring examinations on Supply and Dispensing of Medicines (Assessment A), Specialist Knowledge (B) and Practice-related Problems (C) will take place on April 1 and 2.

The closing date for registration for A is March 5; for B and C the date is February 19. The CPP is offering the following preferred options for Assessment B: Applied Therapeutics — Elderly Care; Applied Therapeutics — Paediatrics; Basic Therapeutics; Community Pharmacy Practice; Drug Information; Health Education and Health Promotion; Patient Services, and Response to Symptoms. Further details about the assessments are available from Michelle Chaplin on 0203 692400.

# Topical REFLECTIONS

# Script specials

## Lentaron for breast cancer

Lentaron depot injection is a new treatment for advanced breast cancer in post-menopausal women.

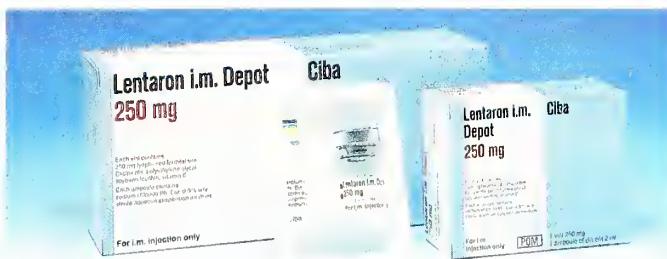
The active ingredient, formestane, is a potent and highly specific competitive inhibitor of the aromatase enzyme which is responsible for the conversion of androgens to oestrogens. The anti-tumour effects are mediated via oestrogen deprivation.

The drug will most likely be used when patients have relapsed or failed to respond to tamoxifen, offering hope of extending the period of remission.

Treatment will be initiated at cancer clinics, after which GPs or community nurses will give the injection on a twice monthly basis.

Product licence holder Ciba-Geigy Pharmaceuticals, Wimblehurst Road, Horsham, West Sussex RH12 4AB

**Presentation** Clear glass vials containing formestane 250mg as a white or yellowish sterilised lyophilised cake with ampoules of clear glass containing 2ml sodium chloride 0.9 per cent suspension medium. Vials also contain polyethylene glycol, soybean lecithin and vitamin E.



**Dosage** 250mg by deep intramuscular injection fortnightly. The contents of the vial should be reconstituted under aseptic conditions using the sodium chloride provided. It should be freshly prepared and allowed to reach room temperature before

injection. It should not be mixed with other medication for injection.

**Contra-indications** Pre-menopausal women and during pregnancy and lactation.

**Precautions** Care in patients taking anticoagulants because of the

risk of haematoma or bleeding at the injection site. As occasional lethargy, drowsiness or dizziness have been reported, caution is needed if driving or using machinery. Blood glucose should be monitored in diabetes.

**Side effects** Local intolerance was the most frequent adverse reaction in trials. See Data Sheet. **Storage** In a refrigerator, before and after reconstitution. Reconstituted suspension should be discarded after 24 hours.

**Legal category** POM  
**Packs** 1 x 250mg vial (£72.73); 6 x 250mg vials (£436.38 trade)  
**Product licence number** 0001/0159; sodium chloride suspension medium 0001/0160  
**Issued** January 1993

## Tazocin: a new injectable antibiotic

Tazocin is a new injectable antibiotic for the treatment of serious lower respiratory tract and abdominal infections.

It combines piperacillin, a broad spectrum beta-lactam antibiotic, with tazobactam, a potent inhibitor of beta-lactamase. The combination is said to provide a new approach to the treatment of polymicrobial

infections. Lederle Laboratories say Tazocin has a high level of activity against Gram-negative and Gram positive bacteria and anaerobes.

The usual dosage for adults and children over 12 years, with normal renal function, is 4.5g Tazocin every eight hours, by slow intravenous injection or by infusion. Tazocin is contra-

indicated in patients with a history of allergic reactions to any of the penicillins and/or cephalosporins or beta-lactamase inhibitors.

Tazocin is available as a vial for reconstitution in two strengths 2.25g (£7.43) and 4.5g (£13.50) and as a 4.5g Infusion Pack (£14.85, all prices trade). **Lederle Laboratories**. Tel: 0494 711228.

### Medical matters

## Cot death studies

Two studies published this week highlight the differences in cot death rates between different ethnic groups. The *British Medical Journal* has published results of a large nationwide study in New Zealand which examined factors which might explain the higher mortality from sudden infant death syndrome in Maori infants compared with non-Maori children (7.4 and 3.6 per 1,000 live births respectively in 1986).

The study found that Maori infants had 3.81 times the risk of the syndrome compared with non-Maori infants. The prevalence of many known risk factors for cot death was higher in Maori infants. Mothers were significantly younger at their first pregnancy, socioeconomically disadvantaged, more likely to smoke and the infants had a lower birthweight and were more likely to share a bed with another person.

Cot death rates among Bangladeshis in Britain have

been much lower than rates among babies of Welsh/English mothers. Another study, carried out in Cardiff and funded by the Foundation for the Study of Infant deaths, has looked at baby-rearing practices in Welsh/English and Bangladeshi families.

The authors interviewed 60 mothers of babies under one year of age living in Cardiff, none of whom had experienced a cot death. The Bangladeshi infants were found to be constantly in a busy, noisy and social environment whereas in Welsh and English families babies are felt to need quiet.

Bangladeshi babies sleep close to other people, whereas babies born to Welsh or English parents are encouraged to get used to sleeping alone.

The Foundation suggests that babies might be kept in their parents' room in a cot by the side of the bed, until at least six months of age.

## Contact lens complications

Manufacturers of disposable soft contact lenses (DSCLs) say they are more convenient and less damaging than conventional soft lenses. But the risk of complications may be even greater and there is no evidence that their extended wear is any safer, says this week's *Drug and Therapeutics Bulletin*.

There is little to choose between the daily wear of conventional soft lenses and disposable lenses. Extended wear of either variety is likely to cause the same type of complications. "Problems can be reduced if soft lenses of either type are only worn during the daytime," says editor Dr Joe Collier.

He also recommends that those who continuously wear DSCLs should have their eyes checked every three to six months. Those who only wear them during the day should have a check every six to 12 months.

### Glucometer GX price down

Bayer Diagnostics have reduced the recommended retail price of Ames Glucometer GX blood glucose meter from £39 to £29. The company says the trade price of £20.30 to community pharmacists increases their margin to 30 per cent. **Ames Company Division of Bayer Diagnostics UK Ltd.** Tel: 0256 29181.

**Vaccine lab to close**  
H.S.L. Vaccine Laboratory say that due to circumstances beyond their control the company will be closing down in the near future. They are endeavouring to find a manufacturer who will continue production. **H.S.L. Vaccine Laboratory**. Tel: 081-440 7120.

### Cox co-amilofruse

Cox Pharmaceuticals have introduced Co-amilofruse tablets containing frusemide 40mg and amiloride hydrochloride 5mg in calendar packs of 28 (£2.99). For further information contact **Cox Pharmaceuticals Customer services Freephone 0800 373573**.

# Counterpoints

## Sporting addition for Ambre Solaire

UV Sport is the hot news for Ambre Solaire this season. Designed for the 60 per cent of the population that enjoy outdoor sports, UV Sport features a sweat-resistant formulation. In addition to UVA and UVB protection, it also offers infra red filters to stop skin overheating. The product will not run into the eyes and cause stinging, say Garnier.

UV Sport comes in SPF4, SPF8 (£4.99 each) and SPF16 (£5.49). The range has a light, non-greasy texture and is water resistant for up to two hours.

The product will be supported by its own television campaign in May. Further support includes a consumer competition to win a mountain bike in every store.

Further developments to the Ambre Solaire range include a new milk SPF15 and SPF25. The high protection range will be supported by a £800,000 television campaign and a



£100,000 Press campaign over the Summer. A free information leaflet will be available, focusing on sun protection for children and offering a £1 cash refund.

Building on the success of Ultra Bronzing Nutritive

Fluid 2, launched last year, is an SPF8 variant. It will retail at £7.49. Duo Tan Protection Milk 6 is the new addition to the self-tanning range.

**Laboratoires Garnier. Tel: 071-937 5454.**

## Nappy discounts

AAH Pharmaceuticals are offering a 12.5 per cent discount on orders of a minimum of five outer of own brand Vantage standard nappies,

increasing to a 15 per cent discount for orders of eight or more outer.

The offer ends on February 12. **AAH Ltd. Tel: 0928 717070.**

## Absolute skincare from Revlon

Absolutes is a new skincare range from Revlon to suit all skin types.

Revlon Absolutes comprises six products. Purifying Cleansing Milk (250ml £8.95) contains rosemary for its soothing properties. Clarifying Cleansing cream (100ml £8.95) is a foaming cleansing which works on wet skin. Soothing Eye Make-up remover (150ml £6.95) is said to remove even waterproof make-up. Freshening Toner (250ml £8.95) is a light, clarifying rinse.

The Absolutes range also comprises two moisturisers. Continuous Moisturising fluid and cream are three-phase moisturisers to encourage retention of moisture day and night, say Revlon. They contain UVA filters and vitamin E. The cream retails at £13.50 (50ml) and the fluid at £8.95 (30ml) and £11.50 (50ml).



To support the launch Revlon have produced PoS material. The range will be advertised in the Spring to

coincide with the May launch. **Revlon International. Tel: 071-629 7400.**

## Revlon treat hair loss

Revlon have launched Lady Nutrasome Shampoo and Supplement, a two-step hair care programme for women.

Formulated to be used as an everyday shampoo, Lady Nutrasome shampoo includes Biotin to help combat thinning hair.

The shampoo should be massaged into the hair to help accelerate scalp circulation. After shampooing, hair should be towel-dried and parted. Then 15-20 drops of the

Supplement should be applied to each parting and massaged in for a minute.

Revlon recommend using the two products for 15 days, and then to use the shampoo as often as required and the Supplement every other day.

Initially available at Boots, Lady Nutrasome Shampoo is £7.90 for 200ml, while the Lady Nutrasome Supplement is £7.90 for 100ml. **Revlon. Tel: 071-629 7400.**

## Medic Alert leaflet

The Medic Alert Foundation has produced a new leaflet dispenser suitable for pharmacies.

The leaflet contains an application form for Medic Alert membership which includes an identification bracelet or necklace engraved with the wearer's condition, personal identification number and a 24-hour emergency telephone number. The member's medical details are available to medical personnel worldwide. **Medic Alert Foundation, 12 Bridge Wharf, 156 Caledonian Road, London N1. Tel: 071-833 3034.**

## Cold care explained

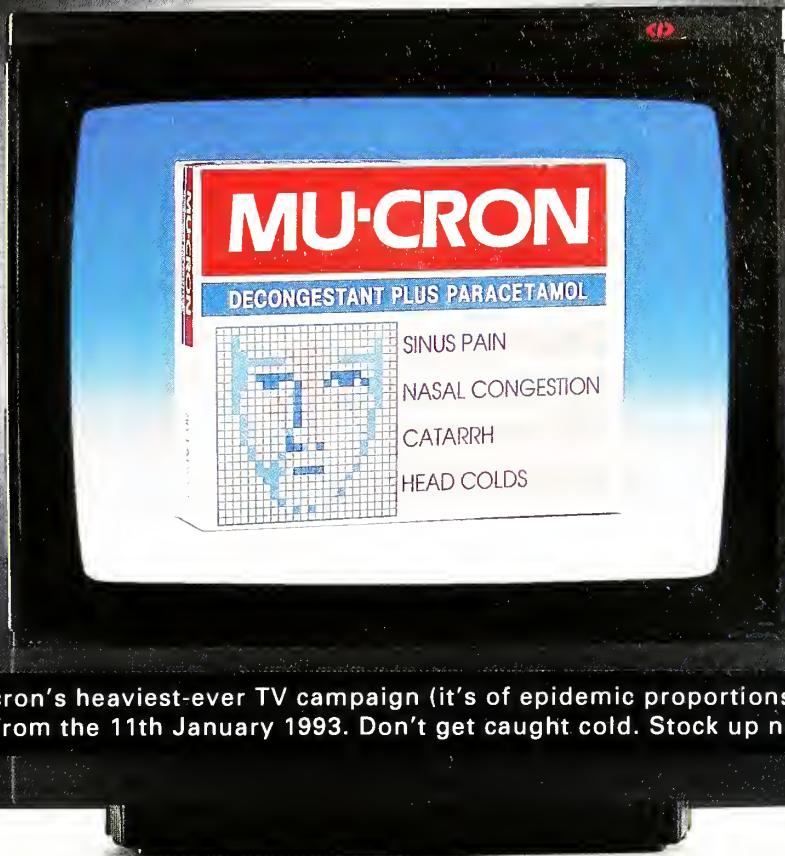
Reckitt & Colman are launching a consumer leaflet for the Lemsip range.

The generic leaflet has been prepared as an educational aid for consumers, explaining the different types of cold and flu virus, detailing the most common symptoms, and providing practical advice on what action to take to alleviate symptoms.

The leaflet is timed to coincide with the first national television advertisement campaign for Lemsip Flu-Strength, part of a £4 million campaign for the range. **Reckitt & Colman. Tel: 0482 26151.**



Radox Herbal Creme Bath is the latest addition to the range. It comes in two variants, Countryside Herbs and Woodland Herbs (300ml £1.45; 500ml £1.95). The creme bath contains moisturisers and is said to be gentle on the skin. Aimed at 24-44 year olds, it will be supported by a £4.2 million campaign for the entire Radox range. **Sara Lee Household & Personal Care. Tel: 0753 523971.**



Mucron's heaviest-ever TV campaign (it's of epidemic proportions) runs from the 11th January 1993. Don't get caught cold. Stock up now!

The airwaves  
are about to  
become highly  
congested.

# Mentadent gets diagonal addition

Mentadent toothbrushes have been relaunched and a new diagonal brush added.

Improvements to the range include new colour-coded packaging which identifies the different brushes in the range.

The Mentadent P Gum Health Diagonal brush features two different angled bristles, designed to remove plaque from around the gum margin. The shorter bristles will remove plaque from the tooth surface. A three-angled non-slip handle will give easy access to back teeth, say Elida Gibbs.

The new diagonal brush will retail at £1.59, but is on special offer at £0.99 during the launch period.

Mentadent S is being supported by a new £520,000 television campaign which runs until mid-February. **Elida Gibbs Ltd. Tel: 071-486 1200.**

## Return of Crookes' Mystery Shopper

The "Mystery Shopper" will be returning to pharmacies across the country in the New Year. Crookes Healthcare are running the promotion for ten weeks to coincide with their advertising.

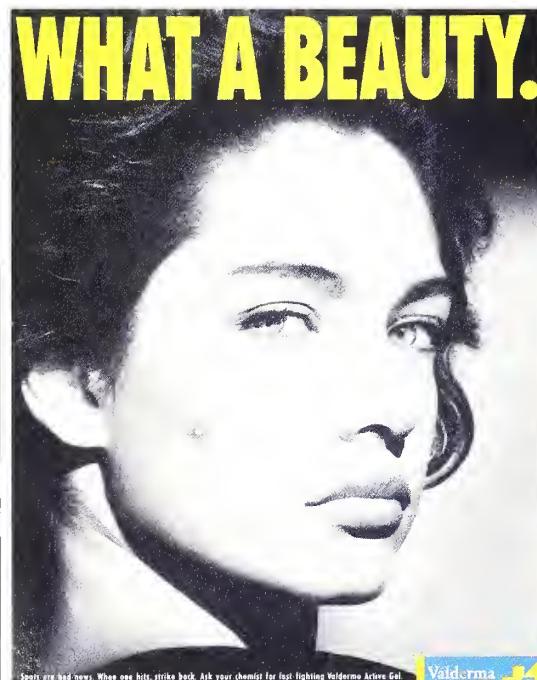
Crookes say out-of-stocks can be a particular problem during advertising campaigns when large increases in demand cannot be met.

When pharmacists purchase display units (smaller than last year's and fully stocked) they are automatically entered in the promotion. Fifty pharmacies will be drawn each week for the ten weeks. The Mystery Shopper will call to the shop. One display unit in view qualifies for a £25 prize, two units for £50 and three for £75. If all three units are on display the pharmacy will be entered in the main draw for £5,000.

The display units will be delivered to pharmacies by January 8 and the first draw will be in the week commencing January 11. **Crookes Healthcare Ltd. Tel: 0602 507431.**



## Roche gets active with Valderma



Spots are bad news. When one hits, strike back. Ask your chemist for fast-fighting Valderma Active Gel. Working daily with Valderma Soap further fights the evil-zit. Combat acne. Treat your spots with Valderma.

Roche Nicholas are launching a £165,000 Press advertising campaign for Valderma Active Gel spot treatment.

Running until Spring, the full-page adverts will

be targeted at key magazines for teenagers, with a combined circulation of five million. **Roche Nicholas Consumer Healthcare. Tel: 0707 328128.**

## New Year offer

Montagne Jeunesse are running a New Year offer through their new distributors Laughton.

Consumers will be offered a free 50ml royal jelly moisturising bath

cream or Purest Plant facial wash (worth £0.99 each) on purchase of a promoted item. The offer runs until the end of February. **Laughton & Sons. Tel: 021-436 6633.**

## Revlon extend ZP11 anti-dandruff range



Revlon have extended their ZP11 anti-dandruff range with the addition of a conditioner. Like the shampoo, the active ingredients are zinc pyrithione and menthol (200ml £2.25, 400ml £3.29).

The ZP11 range has also been given a new look, with a classical D-shaped bottle, although Revlon have maintained the blue and green colour scheme.

Revlon have also added an anti-dandruff variant to their Flex & Go shampoo

range. Flex & Go Anti-Dandruff Frequent Use (£2.75) is presented in a white D-shaped bottle.

Revlon are also offering a "Try Me Free" promotion, whereby customers who like the product, with one proof of purchase, can send off for a second free bottle. If they don't like the product, Revlon will refund the total purchase price plus postage. The offer is open until August 31. **Revlon International Corporation. Tel: 071-629 7400.**

## On TV Next Week

GTV Grampian	C4 Channel 4	TV-am Breakfast
B Border	U Ulster	Television
BSkyB British Sky Broadcasting	G Granada	STV Scotland (central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TWS South West	HTV Wales & West
LWT London Weekend Television	TTV Thames	TVS South
		TT Tyne Tees

Actifed:	ITV
Alka Seltzer:	C4
Beechams:	All areas
Benylin:	All areas except C4
Canesten:	LWT, C, A
Day Nurse & Night Nurse:	All areas
Duracell:	All areas
Glints:	LWT, G, Y, TTV, STV, G, HTV, TSW, B, BskyB
Hills Balsam:	G, Y, TT, C, TSV, A, HTV, STV, TSW, B
Nicorette patch:	All areas
Remegel:	C4
Seven Seas cod liver oil:	All areas
Solpadeine:	All areas except U, CTV, LWT, C4, TV-am
Sudafed:	C4
Tixylix:	All areas
Veno's:	All areas
Wrigley's Extra and Orbit:	All areas

# A SIMPLE SOLUTION TO A COSTLY PROBLEM



ELIDA  
PROFESSIONAL

## Six of one

Our new improved Harmony Hairspray and exciting new Harmony Protectives styling range are now available in 6-packs. So you can stock this heavily TV supported range at minimal cost.

## And half a dozen of the other

Our famous Sunsilk range of hairsprays - with its new formulation and even finer spray - now comes in 6-packs. So you can also stock the total Sunsilk range at minimal cost.

ELIDA GIBBS  
LEADERS IN PERSONAL CARE

# Imuderm developed for dry skin

Imuderm is a new skincare range for dry, sensitive skin from Goldshield Healthcare. Originally developed for eczema and psoriasis patients, the range is free from perfume, soap and lanolin.

The range comprises five products. Imuderm cream (50g tube £2.45; 125g tub £4.75) is a high lipid lanolin-free cream. It contains white soft paraffin 15 per cent; coconut oil 11 per cent; and glycerol 3 per cent.

Imuderm wash is available for hair (150ml £2.95), body (250ml £3.75) or hand and face (300ml £3.95). Products are free from soap, detergents,



colouring additives and harsh preservatives and are balanced at pH6.5. A shower gel (300ml £3.45)

is also available, which contains a moisturiser. **Goldshield Healthcare. Tel: 081-684 3664.**



Schering-Plough have repackaged Meggezones and Rinstead adult gel. Meggezones' packaging reflects a more "serious" image for the brand, says the company. Rinstead adult gel comes in a white, red and blue pack and is now available in 15g tubes (£2.39). Schering-Plough. Tel: 0638 716321

## AAH offer enuresis alarms

AAH are offering a range of personal enuresis and incontinence alarms.

The Mini Drinite alarm is connected by a cable to a urine sensor which when wetted it will emit a loud

sound, flash a light or vibrate, depending on the model. The alarm reinforces the waking reflex, which wakes sleepers when the bladder is full. The vibrator and

light versions provide silent indication.

The audible and light versions retail at £48.70; the vibrator version is £64.15. **AAH. Tel: 0928 717070.**

## Colorama called to Number 10



Following the successful 'ChildLine' Charity promotion in association with Esther Rantzen, Ernie Gilburt, Managing Director of Colorama was recently invited to Downing Street to meet John and Norma Major

This was in recognition of the company's involvement in this worthwhile appeal in which Colorama made a donation to the charity with every order for the big Colorama 71" x 5" prints.

The promotion attracted national interest and dealers reported an increase in orders for the larger size prints.

**COLORAMA**

## Savlon adds Bath Oil

Zyma Healthcare have launched Savlon Bath Oil, for the symptomatic relief of contact and atopic dermatitis, senile pruritus, ichthyosis and related dry skin conditions. The oil (250ml, £4.41) has a GSL licence.

Savlon Bath Oil is a pale yellow liquid containing liquid paraffin BP 65 per cent w/w and acetylated wool alcohols 5 per cent w/w. It also contains isopropyl myristate and ethoxylated lauryl alcohol ether.

For adults, 15-20ml oil should be added to a standard bath of water and affected areas should be

soaked for 10-20 minutes. Alternatively, a similar amount can be smoothed on to wet skin following a shower, then rinsed off thoroughly before patting dry with a towel. Care should be taken to avoid slipping in the bath or shower.

For infants and children, 5-10ml of oil should be added to a small bath or wash basin of water. Affected areas should either be immersed in the bath, or gently sponged.

Advertising is planned for the Bath Oil later this year. **Zyma Healthcare. Tel: 0306 742800.**

## Win Robi the Bear

Robitussin is being promoted this winter by Robi the Bear.

Robi teddy bears will be sent to stockists in a counter unit display. These can then be sold (between £1 and £2 each) with all profit going to the pharmacy. Product guides on Robitussin will be supplied with the unit.

A window display unit will carry details of a free customer draw to win a larger bear. There are also pens and small bears to give away.

A team of "mystery coughers" will be appearing in pharmacies. Those using the displays will have a chance to win a large Robi bear and a £20 gift voucher. **Whitehall Labs. Tel: 071-636 8080.**

## Unichem discounts

Unichem are promoting their own brand analgesic, tissues and cough and cold care ranges, offering pharmacies a 22.5 per cent discount and two free special edition *Healthy Times* sweatshirts.

To qualify, pharmacies must order 15 cases from any of the above.

Launched in support of the January issue of *Healthy Times*, Unichem are also offering consumers three holiday prizes and runners-up gifts in their January magazine.

To enter, consumers need to provide a proof of purchase from the Unichem tissue range, answer four questions, and fill-in a tie-breaker. **Unichem. Tel: 081-391 2323.**



Combe International have repackaged their Foot Warmers Winter insoles. The new pack retains the orange livery and highlights the product's benefits. **Combe International Ltd. Tel: 081-680 2711**

# Flying the right colours

**Having run a gift shop at London Airport and opened pharmacies in some of London's most exclusive hotels, Douglas da Costa is now aiming at worldwide distribution for the Flori Roberts cosmetics range for dark and coloured skin**

Douglas da Costa, chairman and managing director DDC, the company which distributes Flori Roberts, sees 1993 as the year the brand gains worldwide distribution. Late in 1992 Baker Norton took over distribution of the Flori Roberts and Dermablend brands. Baker Norton is part of the Ivey Group that owns Flori Roberts in the United States.

"Their large sales force will be paying more visits nationally and should give a more efficient service than we were able to from Notting Hill. The arrangement will considerably enlarge the our distribution network in the UK and overseas," says Mr da Costa.

## Making an impact

Distribution through Baker Norton will have a much bigger impact on the international front. Previously it was partially controlled from the USA. Now Mr da Costa and Baker Norton will now handle both ranges in all countries west of UK. The aim is to have worldwide distribution within 12 months.

Douglas da Costa has been associated with the chemist trade for over 50 years and has built his international company from humble beginnings. After time in the Royal Air Force he opened a gift shop at the old London Airport. Passengers arriving at the terminal were often in desperate need of "headache tablets" after a long journey on a noisy aeroplanes.

Responding to this demand the shop started stocking aspirin and frozen cologne. "We inadvertently put up a little notice on the fascia advertising 'chemist sundries' and were nearly shot by the Pharmaceutical Society so we changed it to 'Travellers sundries,'" recalls Mr da Costa.

This gift shop paved the way to two major commercial interests. England was one of the last countries to set up duty-free shops, and Mr da Costa's experience in running airport shops led to his close association with the setting up of some of the first duty-free shops at London Airport.

His next step was to open a pharmacy in the Hilton Hotel on Park Lane. When the hotel was being built a pharmacy was included in the plans. The hotel management, in consulting Mr

da Costa, recognised that the clientele at the airport would be very similar to their own.

This pharmacy was the first in a chain of dispensing and non-dispensing pharmacies

When recommending products to black customers the shop staff would say 'This will do', but nobody ever said straight out 'We haven't really anything suitable'. There were one or

only supplying specialist outlets and some department stores.

He recalls when he first went to open an account at Harrods. The buyer took him into the cosmetics hall and said: "We don't need any more... Look around at all these products." Mr da Costa, who was accompanied by a black girl, replied: "Okay! So find me a foundation to suit her." The buyer was completely stumped as there wasn't a single foundation in the correct shade or with an oil-free formulation.

At this time Dr Craig Roberts, Flori Roberts' husband and formulator of the range, was developing Dermablend, a corrective camouflage for hiding blemishes. Dermablend needs to be demonstrated by trained staff and, as this required some degree of privacy, the Flori Roberts Centre was opened in Notting Hill Gate. The Centre since has gained a worldwide reputation in the area of black cosmetics and the camouflaging of scars, vitiligo and skin blemishes.

A large mail order business for the products operates out of the Notting Hill premises. Flori Roberts products are now on sale in over 800 outlets, mainly independent pharmacies and salons.

## Huge potential

Mr da Costa believes that the Dermablend range has huge potential, particularly as it is now can be had on NHS prescription. The range covers all skin shades from pale ivory to black including Asian skin tones. The number of scripts is growing as doctors become more aware of its benefits to patients with disfiguring scars and skin blemishes. Flori Roberts work closely with the Red Cross who recommend the products. Vitiligo is another condition that can be camouflaged with the product and Flori Roberts sponsor the information leaflets for The Vitiligo Society.

Mr da Costa recognises the importance of training as the clientele for the products require special attention. A large number of pharmacies send their staff for training when they realise the size of the market, he says. A shop assistant who has experience of applying make up can learn enough with a day's training.

The Notting Hill Centre also helps people who have suffered skin damage through the use of dangerous skin lighteners. "The only thing we can do is disguise the damage," admits Mr da Costa. "We try and convince people that they should accept their natural skin colour, whether that's black or white."

Douglas da Costa has built his business empire by identifying a customer need, meeting that need with a quality product and training staff to give the best possible service.



which were set up in some of the most prestigious hotels in London, including the Grosvenor House, the Royal Lancaster, the Cumberland and the International on Cromwell Road. When the new London Airport was opened he opened a pharmacy at the No 1 building at the airport.

This chain of pharmacies, under the name of Richard Douglas & Sons, was merged with another business in 1973. Four years later in 1977 Mr da Costa sold out. Later in the year he was approached by friends in the hair care and wig business who wanted to extend their portfolio. Mr da Costa was asked to suggest "anything that would fill another niche".

"All the time I had my chemist shops we had never had a range of cosmetics formulated for black skin. It always used to annoy me that we had numerous customers who wanted such cosmetics, but as they were black we couldn't find anything suitable.

"The construction of black skin is very different to white skin and requires special products. Skin care products must be water-based as black skin has a high oil content. For cosmetics the colour is critical.

two cheaper ranges which had some of the right colours but were not of the right quality".

Acting as a consultant, Mr da Costa travelled to the USA where he believed "they had a much more forward-looking view". He has never forgotten the lessons he learned as a young boy buying fruit and vegetables in Covent Garden: "If you sell a quality product the customer remembers how good it was not how much it costs". Applying the same principle to the cosmetics business he decided that the only sensible thing to do was to bring in the best.

He decided that Flori Roberts was "streets ahead" of any other manufacturer. The skin care range was formulated for black skin and the colours had been chosen by Flori Roberts, after whom the range is named, a very fashion conscious beautician and make up artist.

The range was distributed to a large number of stores, but despite expensive publicity and promotions it was not a financial success. However, Mr da Costa still believed he could make a go of the range in the UK. He bought the sole rights for the promotion of the brand and rationalised the business,

# Hill's Balsam: A tradition in growth

**O**N ACQUIRING the Hill's Balsam range of traditional cough medicines two years ago, Windsor Healthcare found itself in possession of a brand with a hundred-year history and a tremendous consumer following. Today, that heritage and loyalty – coupled with shrewd marketing investment – ensure that Hill's Balsam remains a successful brand offering growth and profits to the trade, plus a sound base on which Windsor Healthcare can build the range in the future.

**DOMINATING THE TRADITIONAL COUGH MARKET WITH THE ARRIVAL OF HILL'S BALSM ADULT EXPECTORANT**

In only its second full season within the coughs and colds market, Windsor Healthcare Limited is proving to be a major player within the cough remedy sector, thanks to the Hill's Balsam range of traditional cough medicines, to which is added this year the new Adult Expectorant for Chesty Coughs.

Building on the brand's unique heritage, the new Adult Expectorant cough remedy brings the Hill's Balsam range firmly into line with modern consumer demands whilst retaining its traditional attributes of quality and effectiveness.

The brand's strength is in great part due to its long history, which stretches back to 1838 when a Warrington pharmacist first developed and began to produce Hill's Balsam. Over one hundred years later in October 1990, Windsor Healthcare acquired the brand and immediately undertook a complete evaluation of the product, including in-depth market research among both consumers and pharmacists. The results revealed that consumers possess a very strong latent awareness of Hill's Balsam; they see it as 'the traditional and effective cough remedy', and feel a powerful loyalty towards the brand.



**INVESTING IN GROWTH**

INVESTING IN GROWTH

Once the key factors of loyalty and heritage had been established, Windsor Healthcare set about relaunching the Hill's Balsam range and in July last year an unprecedented level of support was put behind the brand consisting of a £1.2 million national equivalent television campaign and national consumer advertising in daily newspapers, a total packaging re-design to bring the products up to date, a powerful trade advertising campaign, a public relations programme, impactful wholesaler promotions, a comprehensive set of point-of-sale material, and pharmacy assistant competitions.

As a result of this substantial investment, the 1991/92 season proved very successful for Hill's Balsam which saw significant growth across the range. In particular whilst sales in the cough pastille market declined by nearly 3 per cent, Hill's Balsam Pastilles for Chesty Coughs enjoyed a volume growth of nearly 23 per cent. Hill's Balsam Junior, an expectorant for children's chesty coughs and bronchial catarrh, out-performed the sector more than ten times over, showing a total 52 per cent sterling growth and a staggering 85 per cent increase in volume.

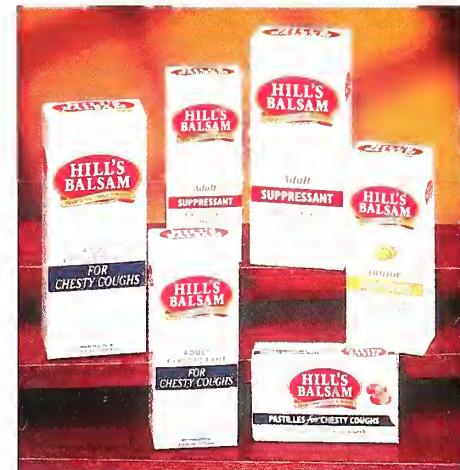


**THE MARKET FOR SUCCESS**

A study of the adult cough remedy market reveals that it consists of two major sectors – cough suppressants for dry tickly coughs and cough expectorants for chesty coughs, with the expectorant sector by far the larger of the two at 60 per cent.

So in line with the market and as a natural development to the highly successful relaunch of the Hill's Balsam range last season, Windsor Healthcare now introduces the Adult Expectorant as a brand new range addition for this Winter.

The Adult Expectorant completes the Hill's Balsam portfolio of cough remedies, making Hill's Balsam the only traditional brand providing the consumer with a comprehensive choice of products from a tried and trusted name, and offering the pharmacist a profitable opportunity to capitalise on a brand which his customers recognise as both traditional and effective.



**A UNIQUE COUGH REMEDY RANGE**

**The Adult Expectorant** has a single entity formulation which contains 100mg of guaiphenesin per 5ml dose. Guaiphenesin is recognised as an effective cough expectorant and single entity formulations are endorsed by the medical profession. Since it does not contain additional active ingredients such as antihistamines, Hill's Balsam Adult Expectorant doesn't cause drowsiness, yet it contains other ingredients enhancing the formulation, including treacle which acts as a demulcent, capsicum tincture (a warming agent) and compound benzoin tincture long an ingredient in traditional cough remedies.

Like all Hill's Balsam liquid cough remedies, the product is free from artificial colours and flavourings, using instead natural flavourings such as aniseed oil, mint and liquorice to create the delicious and traditional taste and smell.

The Adult Expectorant has GSL status, and is available in two sizes: 100ml and 200ml.



# addition of success.

**The Adult Suppressant** also has a single entity formulation and like the Adult Expectorant, does not cause drowsiness. It contains 10mg of pholcodine per 5ml dose, which is double the amount offered in many other pholcodine based suppressants, making it particularly effective in treating dry, tickly coughs.

This traditional remedy also contains other formulation enhancing ingredients such as treacle and capsicum tincture, while natural flavourings like aniseed and peppermint oils combine to produce the unique flavour of the product.

The Adult Suppressant is available in two sizes: a 100ml bottle containing 20 doses and a 200ml bottle containing 40 doses, thereby offering the consumer greater choice on shelf.

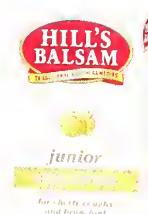


**Pastilles for chesty coughs** are not just a confectionery product for busy people who don't want to carry a bottle of liquid cough mixture around with them during the day. They are also an effective cough remedy containing the expectorant ipecacuanha, menthol to act as a decongestant and benzoin tincture to help clear catarrh.

And thanks to GSL status, this product offers the pharmacist a licensed medicine in a convenient pastille form.



Terised by its unique thickness. The thickening agent is a natural product called tragacanth. Tests have shown that Hill's Balsam is the thickest cough product on the market. The richness of the liquid in soothing sensitive throats is designed to enhance the formulation's activity by protecting against the throat cough reflex. The Hill's Balsam range combines effectiveness with traditional tastes and values. This range has up to date formulations yet retains traditional ingredients in a unique combination.



This season sees both the brand new Adult Expectorant and the Hill's Balsam range as a whole supported by a massive promotional package which will guarantee continued growth within the cough sector, and secure the brand's future as the traditional cough solution.

The support package launches with an unprecedented £1.8 million national equivalent television advertising spend - more than £0.5 million up on last year - which will run from November 1992 to March 1993 and aims to reach over 80 per cent of the UK population during the five month period.

The 30 second commercial has been specifically designed to underline the brand's heritage and features a family tree of characters, each of whom represents a different decade in the brand's one hundred year history.

An integrated programme of public relations will support the advertising push, with consumers, pharmacists and pharmacy assistants all individually targeted, plus specific activity on particular areas of product interest such as the Junior Expectorant.

Helping to increase knowledge of Hill's Balsam and its unique selling points is key to the continued success of the brand and a national educational support package has therefore been created to benefit pharmacies, based on a series of educational pharmacy assistant competitions with a range of exciting prizes on offer.



Perhaps most compelling of all however, is Windsor Healthcare's commitment to providing value for the pharmacist and the company's determination to offer extremely competitive deals on the Hill's Balsam range this Winter.



In summary, Hill's Balsam provides a known and very strong brand name accompanied by strong brand loyalty and an incredible 100 year heritage.

With its strong consumer following and the growing trend towards traditional products, Hill's Balsam's sales growth is guaranteed.

It is the only traditional brand to offer the pharmacist a range of cough remedies and being the thickest product on the market it also provides additional soothing benefits.

To find out more about how you, the pharmacist, can profit from stocking the Hill's Balsam range of traditional cough remedies, call Windsor Healthcare on 0344 484448.



**The Junior Expectorant for chesty coughs** also carries GSL status and is ideal for children aged between 1 and 12 years. It is pleasantly flavoured with orange to appeal to young children's tastes yet is a very effective cough expectorant containing ipecacuanha. Unlike many other junior formulations, the product does not contain an antihistamine and therefore doesn't make children drowsy - a fact most parents will find reassuring in a product used during the day. In addition to this, the Junior Expectorant is free from all artificial colourings and flavourings.

**The Hill's Balsam range** is charac-

# Starting from scratch

Taking on an existing business can be tough enough, but building up a retail pharmacy from an empty shell offers its own set of problems and challenges, not the least of which is how to attract customers — and encourage them to call again. Consultant John Kerry makes some suggestions...

If you knew then what you know now, what would you do differently with your business? Better still, how would you put a brand new retail pharmacy into action, starting with an empty shell?

This is exactly the situation Mr L is in. He has committed himself to a lease on a brand new unit which adjoins a new branch surgery in an established precinct with 14 shops, serving a satellite community of 6,000 people.

One thing is certain from the start: the part-time branch surgery is not going to provide a living for either the GP or Mr L for some years. There are only about 1,000 patients registered next door. The remainder have all got their records at a huge 20 doctor health centre in the centre of town and this centre does not have any branches anywhere.

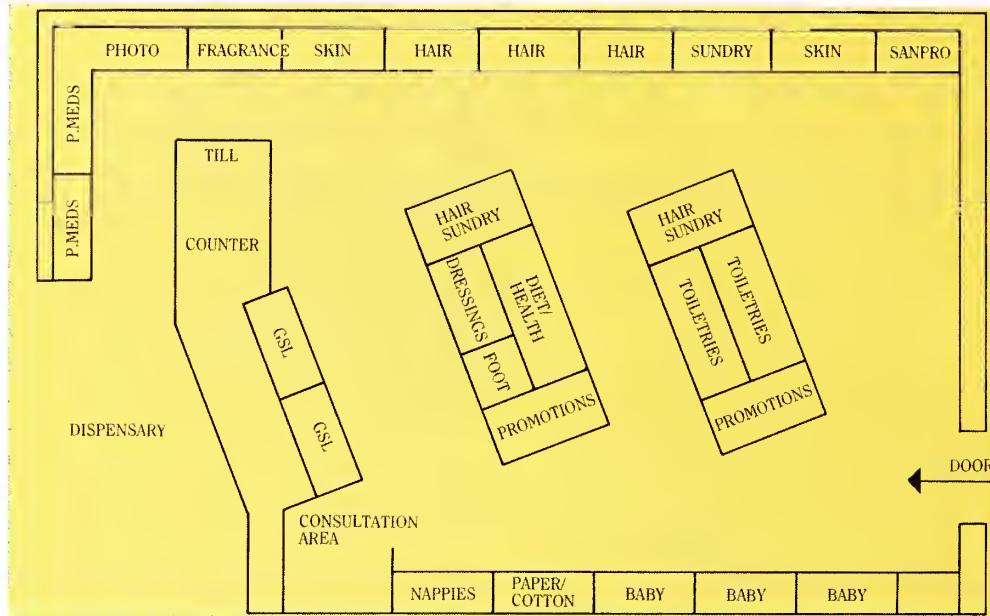
Locals have to travel one and a half to two miles into town. As you would expect, there is a clutch of pharmacies within a minute or so of this script fountain.

From a retail sales point of view the prospects are rosier. There is no retail pharmacy competition closer than the town centre and none of the precinct shops seriously threaten sales. Mr L has got himself a fine-looking shop too, and inside he has 600 sq ft of selling space.

## Good prospects

The long term commercial prospects are good, but not excellent. This prospective pharmacy can never become a 12,000 item a month prescription factory. It can't hope to achieve a vast retail turnover either — there just isn't the population to support such an ambition. There is, however, a fine opportunity to enjoy the rewards of community pharmacy while making a reasonable living.

Mr L wants to make as big an impact as possible when he opens in a few weeks time. It is no use gently pushing this boat into the water: he has to launch the business properly. It is just



as important to get the pharmacy well known quickly as it is to get the service and product mix right.

Like all retail pharmacy businesses, this one can best be viewed as two separate entities, dispensing and front-of-shop. It would be wise to create two outline marketing strategies, one for each aspect, realising of course that the end objective is to get as many people across the threshold as possible.

## Opening targets

Looking at the dispensing side first, we know that there is almost one full-time GP next door. Only 1,000 patients are registered at the practice and these will only provide 600 items a month at best. To this number can be added up to 400 items, at a guess, obtained because locals find the pharmacy more convenient than the town centre shops.

As a rough estimate, therefore, Mr L can look forward to up to 1,000 items a month to begin with. If he did nothing this number should increase slowly as more patients register with the practice and others get to hear of the service.

This, of course, is not good enough and Mr L wants to get the script numbers up fast. A population of 6,000 is scope enough, but there are bigger fish to fry. Not only is there a significant population of senior citizens living in the neighbourhood, but also three substantial nursing homes and residential homes for the elderly.

The targets for script business are clearly defined:

- Local residents who are registered with the big central health centre in the town
- Nursing and residential homes in the neighborhood.

The following tactics are suggested:

- Usual "opening hours" advertising in the local Press
- Regular leaflet drops to all homes in the area
- Opening hours signs at all of the town health centre reception desks (providing they agree)
- A prescription delivery service — with the blessings of the GP practices
- Opening week public relations.

The ideal time to publicise any new business is on day one — there is never a better opportunity to hang the flags out. It isn't appropriate for a number of obvious reasons to invite the Queen to cut the ribbon and the TV stations to send along crews. Anyway, Mr L in this instance wishes only to impress a relatively small number of people.

He could throw a cocktail party of course, but this may be not only "over the top", but inconvenient for many. Far better to issue an open invitation to the people who matter to pop in for a soft drink and a snack over a period of three days during opening week.

People coming to the pharmacy cannot fail to be impressed. It is a spacious good looking shop which will be at its best at the beginning. And Mr L would be well advised to have a locum in for a few days so that he can concentrate on the PR side.

There are a number of people it would be worthwhile inviting to the opening of a new pharmacy. Mr L's list might include GPs, practice managers, practice nursing staff and paramedics such as chiropodists, dentists, and nursing/residential home managers, matrons and owners.

This kind of marketing activity right at the start is designed to accelerate the growth of prescription business.

Moreover Mr L will have a unique opportunity to make friends with the GPs, home managers and others who are in a position to help his script business grow.

Patient medication records, although looked upon as beneficial to established pharmacies, are not thought to be important to this business at the outset.

## The front shop

The front shop is a different kettle of fish. All of the 6,000 population have been purchasing their medicines, toiletries and so on from shops much more than a mile away. Mr L won't alter their buying habits overnight — he will struggle to get 20 per cent of the available business. But if he does this well, he'll have a substantial turnover.

Why should people prefer to shop at this new pharmacy? Without a doubt its main strength is its position at the heart of the community. People will shop at this shop because it's there, in the middle of the houses, next to all of the other shops.

Once again this may not be enough to cover the overheads and pay off the overdraft. Most new retail pharmacies lose a lot of business because potential customers don't know that they have arrived on the scene. Since the majority of the population are not regular visitors to their GP, they have little motivation to find the new "chemists shop".

Opening hours adverts and the first leaflet drop will give the retail business a start, but to ensure that nobody within two miles will be ignorant of the shop's existence, other activities are recommended:

- Competitive (not cut throat) prices on price sensitive goods
- Six to 12 price promotions each month

## Mr L's first year — profit and loss projection

Pharmacy type:	Independent sole trader
Location:	Suburban — shopping precinct
<b>Revenue</b>	
Sales	£250,000
Services	0
Other revenue	0
Interest received	0
Total revenue	£250,000
<b>Direct costs</b>	
Cost of sales	£184,375
Direct labour	0
Other direct costs	0
Total direct costs	£184,375
Gross profit 26.25%	£62,625
<b>Indirect costs</b>	
Wages and salaries (gross)	£37,924
Fees locum	£2,500
Financial expense	0
Selling expense	0
Administrative expenses	£13,500
General expense	0
Periodic adjustment	0
Loan interest base + 3%	£3,083
Bank overdraft interest	0
Total indirect costs	£57,007
Net profit before tax and depreciation	£8,618
Depreciation (net)	£4,255
Net profit before tax	£4,363

- Monthly promotional leaflet drops

- Illuminated exterior sign.

The first weeks of a shop's life are just as important as the first steps of a toddler. To prevent this one falling flat on its face first time, a helping hand may be necessary. What Mr L really needs is for many of the 6,000 locals to walk through his doorway in the first few weeks.

Once they've found the shop, there's a good chance that they will remain customers. With this in mind, it's worth offering people an incentive to find the pharmacy early on.

Nothing is more tempting than a free offer, such as "Free film to all customers spending £2 or more", or "A free £1 voucher to any customer". The latter will motivate first timers to revisit.

This kind of promotion can cost £1,000 or more, but why not? Even if Mr L can't get a manufacturer to supply free or very low cost product for the opening promotion, it is definitely worth considering. A sum of £1,000 spent at the beginning could produce one, two or three hundred regular customers for years to come. The offer must be well publicised two to three weeks in advance.

### Product range

Mr L is concerned about the product range he should stock. In truth, because he will be running a community pharmacy with no local competition, the

stock should be conventional. However, certain ranges should take precedence and be given a lot of good space:

- Baby products, because mums generally prefer to shop conveniently. This shop couldn't be more so, with the free parking and a large canopy for prams and pushchairs.

- Baby gifts and sundries for the same reasons and also because there's a large number of grannies and grandads nearby.

- OTC medicines — because few pharmacies give enough space to this, the most important department.

- Hair care and hair sundries.

- Moderately priced gifts. No other local shop sells them.

If Mr L just opened this fine looking shop, but doesn't market it at all, he may have to wait ten years before he realises its full potential. Several elements are essential for success: the practice next door must grow and prosper, as without it he'll struggle, but the initiative for growth beyond the ready-made is entirely Mr L's, and the very best time to do this is right at the beginning.

The 6,000 locals should know that this new pharmacy has opened in the first week of its life or before. It is worth investing as much as it costs in this early marketing activity. It is possible that, without marketing, it will take too long to be known by all. With marketing, it should be well known very quickly.



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## NPA resolution a cause for concern?

As the managing director of a small multiple, subscriptions to the National Pharmaceutical Association, payable as they are for each individual unit, represent a substantial cost and I therefore welcomed the recent announcement that the NPA will be freezing its subscriptions for 1993. This was a heartening demonstration by a respected professional body of its understanding of the difficulties of a profession deep in the throes of economic recession.

However, it has recently become apparent to me that this may be more of a response to changes in our "professional insurance" market, that is, the arrival of competitors to a previously almost monopolistic situation for the NPA.

From the pharmaceutical Press, it appeared clear that NPA membership by the proprietor meant that locums and employee pharmacists did not require further or separate individual professional indemnity cover. This message was reinforced in the "Pink Supplement" as the NPA first assured us such was not required and then warned of the problems of dealing with "other" insurance companies.

Imagine then my concern to find an article in the *Pharmaceutical Journal* entitled "NPA amends rules of professional indemnity", referring to a recent announcement in the "Pink Supplement". There seems to have been a complete about-face on this issue, one which seems to be slipping by unnoticed by the NPA membership at large.

Now, through an extraordinary general meeting of the NPA, to be held at Mallinson House on January 26, we are told that there is a proposed amendment to the rules of the NPA to enable them to offer professional indemnity insurance to locums and employees of NPA members, a service previously clearly stated as not required.

Additionally, it is suggested that this change will not affect services currently offered to NPA members. This is manifestly untrue. The provision of legal defence costs insurance to locums and employees by the NPA will very much affect a lot of members. I am sure that neither myself, nor any other NPA member, would be very happy if any of our locums or employees were to be assisted in any way whatsoever by the NPA, either directly or indirectly, in taking legal action against us. This quite clearly affects a lot of existing NPA members and surely represents an insurmountable conflict of

interests for the NPA.

Other proprietor colleagues known to me agree with this view and I have therefore taken the step of writing this letter to ensure that the membership fully understand the potential consequences resulting from the passing of this resolution.

Additionally, I would be grateful if it were possible to clarify whether or not locum and employee pharmacists actually require such insurance cover. I in no way wish to see my fellow pharmacists, be they proprietors, locums or employees, in any way disadvantaged by this situation.

### Andrew Duckenfield

Sheffield

*NPA director, Tim Astill, replies:* "It seems that Mr Duckenfield has been misled by a speculative item about our EGM. May I emphasise:

- There is to be *no* change in members' entitlements.
- Locums, employee pharmacists and others "employed or engaged" in NPA pharmacies are, always have been and will remain fully covered against third-party claims.
- We will *not* seek to exercise any right of subrogation we may have on behalf of the member against a locum or employee.
- In my view there is *no need* for any employee pharmacist or self-employed locum to take out separate or extra insurance against third-party claims which might be made against him or her personally while working in an NPA member pharmacy.
- We are *not* changing the "rules" of either the NPA or the Chemists' Defence Association.

The motion to be put to the EGM seeks to add a provision to the Memorandum of Association of NPA Ltd (the NPA) making it clear that the Association is empowered to provide its members and their locums and employees with professional indemnity and other legal help. This technical change is being made on legal advice so as to remove any doubt that there may be about the relationship between the NPA, CDA and the membership.

## Election hustings misunderstood

We were interested to read Xrayser's comments on the forthcoming election hustings organised by the Young Pharmacists' Group (*C&D* January 2). While he registered dissatisfaction with the existing system for Council elections, he disagreed with the concept of hustings and suggested instead, that "brandishing his mace", he single-handedly leads some sort of glorious metaphorical riot at the Royal Pharmaceutical Society's annual meeting.

Sadly, it would appear that he

has completely misunderstood the YPG's intention in holding this event. He should recall that, at our AGM, we announced that the YPG would be convening a working party to look at the democratic processes available to the profession. The hustings in March is only one small part of this ambitious work, which will take over a year to complete and forms an integral part of the YPG's long-term strategy.

While Xrayser has already decided that a hustings is not the way forward, we prefer to research this option thoroughly before making such comments.

Candidates and those attending can be assured that rules will be designed carefully to produce an event that is fair to all. Following the hustings there will be a thorough assessment of the effectiveness of the event and its potential use to improve future elections.

Although Xrayser will not be taken up on his exhortations to an AGM riot, he can rest assured that once opinions have been sought and the YPG's working party report has been thoroughly debated, every constitutional right available will be used to ensure that any proposed changes are discussed at the highest level and then, if successful, implemented so as to improve what to most members is an unsatisfactory situation.

The YPG has always sought to facilitate a forum for debate and encourage pharmacists to become further involved in our profession: the hustings is no exception.

### Executive Committee

Young Pharmacists' Group

## 'What if..?' from an overseas onlooker

I read with interest your report that Boots the Chemists are arranging for scripts presented at stores not having an NHS contract to be dispensed at nearby stores that do. Do you seriously expect that Boots' staff will do this, as you describe?

I would have thought a more obvious way to get around the problem would be to dispense the script at the place where it is presented, issue an inter-branch credit note to balance the stocks, then post the script to the store with the NHS contract. Even if this is not permitted under the contract, I think that over-enthusiastic staff will do it anyway, especially since it would be simpler. I must mention that, as an ex-Boots manager, I have some feeling for the way the staff thinks.

This scenario would obviously make the anti-leapfrogging regulations ineffective. I think that Boots will be the first to cry

"foul" when the mass of young pharmacists, unable to pay for the goodwill of an existing business, start opening new, non-contract pharmacies adjacent to existing Boots stores. They could then dispense NHS prescriptions and come to an arrangement with a local friendly independent for claiming from the NHS!

I think that Boots and the rest of the profession should get their act together, put a stop to this practice and present a united front to the Government in order to increase the total remuneration package.

### James Downing

Mawarid Ltd, Saudi Arabia

## Farewell to 'The Trade'

As Seton Healthcare take control of Cupal, we read with nostalgia and a little pride Xrayser's generous praise for Cupal's many years of support (*C&D* December 12, 1992).

It was the single minded aim of our founder, the late William Woolley, to make a range of quality products for promotion exclusively to pharmacists, which has carried on through sons Ewart and William, grandsons Kenneth and Ian and great grandson Clive.

The first sales brochure in 1909 advertised Cupal's aims and objectives with great flair and a good deal of sales confidence as "The Pharmacist's Opportunity". The individual pharmacist was urged with almost religious fervour to "come along and join their brethren in supporting a movement which is practical... Cupal Ltd is not speculative but confers substantial benefits immediately... The specialities put forward by Cupal Ltd, are meeting with cordial approval and support of the trade".

For the past 83 years we have been endeavouring to remain true to that original mission statement and have been grateful for the invaluable support of "The Trade".

So, through your columns, the present members of the Woolley family wish to thank a nationwide body of friends — many thousands of retail pharmacists — for eight decades of mutual support and belief.

The mutual confidence will be equally important in the future. Seton Healthcare plc will now control the future destiny of Cupal. We wish them every success in the future, secure in the knowledge that Cupal and its employees are in good hands.

**Ken and Ian Woolley**  
Cupal Ltd

# Business news

## AAH negotiate to purchase Clark Care

AAH Pharmacy concessions are negotiating the purchase of Clark Care, a multiple pharmacy group with 20 branches in the South East of England.

Mr W.D. O'Donoghue, a Clark Care director, confirmed this week that talks are taking place and are likely to be concluded by the end of January, but he was "reluctant to comment further at this stage".

It is understood that two other major companies have made approaches to Clark Care in recent months.

It is believed AAH do not intend to franchise any of the Clark Care pharmacies and that they will continue under management with staff being retained under existing terms and conditions. *C&D* also understands that AAH intend to continue the operation of the company's warehouse and the Maidstone head office after the take-over.

The directors of Clark Care, Messrs W.D. O'Donoghue, J.L. Walters and R.D. McKnight, are understood to be staying on for at least a month, should the

take-over go ahead, to ensure a smooth transition.

AAH Pharmacy Concessions will own over 200 pharmacies if the acquisition of Clark Care goes through. Some two-thirds of these are managed, while the remainder are franchised.

Alan Orme, managing director of AAH Pharmacy Concessions, had no comment to make on Wednesday as *C&D* went to press.

• AAH have also acquired four pharmacies in Norfolk from J. &

A.L. King Ltd. The units will trade as Vantage Pharmacies within AAH's Healthcare Services division. The consideration for the assets and goodwill is £2.35 million, which has been satisfied by the issue of 465,000 AAH 25p ordinary shares to the vendors. These shares will be retained for at least 12 months and a further sum of not more than £450,000 will be payable in cash on ascertainment of the aggregate net asset values.

## Unichem to distribute Zeneca Pharma in hospitals

Unichem have announced their appointment as an additional approved distributor for all Zeneca Pharma (formerly ICI Pharmaceuticals UK) products used in hospitals.

This new appointment is an important addition to Unichem's portfolio of distribution arrangements in the hospital sector, says the company, and demonstrates the hospital

sector's continuing move towards the wholesale route of distribution. Unichem now distribute products to hospitals for 24 companies.

Unichem Hospital Services will provide twice daily delivery of Zeneca Pharma's products and, using Unichem's net priced invoicing system, Unichem say hospitals will be able to better account for wholesale discount.

## ICI on schedule

The split of Imperial Chemical Industries Group into two organisations — Zeneca Ltd, a wholly owned subsidiary, and the remaining ICI businesses — took effect on January 1.

The aim was to complete the "hive-down" by the year end. ICI chairman, Sir Denys Henderson, says: "It has been an enormous task involving the separation of more than 500 subsidiary companies all over the world. This will enable the board of ICI to consider a demerger at its meeting at the end of February in the light of the prevailing economic and market conditions."

The company is now divided into two separate operating units, each with its own executive and management teams. Zeneca Ltd represent ICI's bioscience interests — the pharmaceuticals, agrochemicals, seeds and specialties businesses which have become increasingly distinct from ICI's other operations.

If the demerger goes ahead, Zeneca will be a public company.

## Major reorganisation at Nielsen

Nielsen, which claims to be the world's largest marketing research organisation, has reorganised its operations throughout Europe.

The company is now structured according to function rather than by country, in what is described as the most extensive reorganisation in its 50-year history.

The change has been named "The Power of One" because it is creating a unified, co-ordinated, customer-focused organisation across Europe. Key features include consolidation of the 18 country headquarters into nine regional customer co-ordination centres and consolidation of the 17 country-based computer centres into six high-tech information centres.

Management structures are being streamlined from eight levels to four, with an increase in associate:manager ratios from 8:1 to 30:1. Nielsen's second global competency and customer briefing centre will open in

Brussels on February 1, providing customers with multilingual training in marketing and media information services.

## Ireland's first cephalosporin plant

Galen's new facility for the manufacture of cephalosporin antibiotics at Craigavon, Northern Ireland, has been officially opened by Dr John Padfield, managing director, Glaxo Manufacturing Services.

The plant, which meets both EC and FDA specifications, is the first such suite in Ireland. Galen, which recently opened a new penicillin manufacturing suite, is now able to produce a full range of broad spectrum penicillins and cephalosporins in dedicated facilities. The company aims to create nearly 100 jobs during the next three years.

## Progress on SPCs

Regulations paving the way for supplementary protection certificates (SPCs), which will extend the effective patent life of medicines, came into effect on January 2. European legislation provides for SPCs to last for a maximum of five years. The Patents (Supplementary Protection Certificate for Medicinal Products) Regulations 1992 (SI 1992 No 3091; HMSO, £1.05) empowers the Secretary of State to make rules relating to these certificates.

## Heaveworth closure

Heaveworth Ltd (trading as W.L. Leveson) will stop trading at close of business on January 28 and the premises sold. The company will not be wound up until all creditors and debtors have been settled. The new registered office will be Asgard Cottage, Evelyn Way, Stoke D'Abernon, Cobham, Surrey KT11 2SJ (tel: 0932 866179), to whom correspondence should be sent after January 28.

## Address change

From January 4, the address of Inverness UK Ltd has been Seyton Court, High Street, Burnham, Bucks SL1 7JX (tel: 0628 662555; fax: 0628 669022).

## US drug approvals

The US Food and Drug Administration has granted marketing approval for Smithkline Beecham's Paxil in the treatment of depression and Boots Pharmaceuticals' Manopax. The latter is indicated in the US for the treatment of congestive heart failure in patients not responding adequately to diuretics and who cannot tolerate or do not respond adequately to ACE inhibitors.

## SKB toiletries in US

Smithkline Beecham have reached an agreement for the sale of various men's personal care products — with sales of \$30 million in 1992 — in the US, Puerto Rico and Canada by Brynwood Partners. The terms have not been disclosed.

Brynwood Partners, a privately held investment partnership in Greenwich, Connecticut, hold investments in manufacturing, services and technology companies.

SKB will continue to manufacture and distribute the products and to provide transitional services. The sale, which took effect on December 31, 1992, was part of the company's strategy of concentrating on its mainstream healthcare business.

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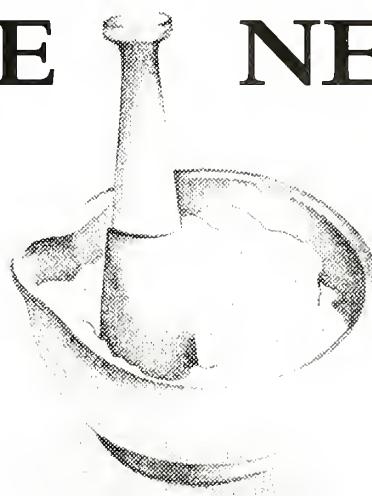
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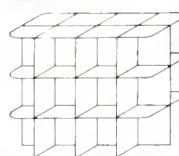
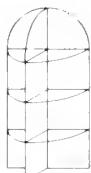
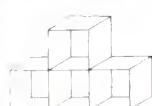
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**WEST MIDLANDS** - Experienced locum available for odd days in January, and from March onwards. Please contact 0203 504155 for availability.

**OXFORD AND 35 MILE RADIUS** - Experienced and reliable locum available January and February, weeks or days. Tel: 0865 880337.

**BOURNEMOUTH AREA** - Friendly experienced locum pharmacist available for a regular day, preferably on a permanent basis. Tel: 0425 478908.

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# About people

## Pharmacist receives MBE



Pharmacist Douglas Walter McGeorge Davidson has been awarded an MBE in the Queen's New Year Honours list.

Mr Davidson, a community pharmacist from Blairgowrie in Perthshire, is a Fellow of the Royal Pharmaceutical Society of Great Britain and was a member of Council from 1983-86. He served as chairman of the Law Committee and was a member of the Computer Subcommittee and Agricultural and Veterinary Pharmacists Group Committee.

Mr Davidson has a particular interest in agricultural and veterinary matters and to this end helped with the formation of Vetchem, a co-operative of pharmacists supplying veterinary medicines to other pharmacists, as well as travelling throughout the UK promoting "pet medicines".

Chairman and managing director of Abbott Laboratories Ltd, Mr David Gibbons, received an MBE for his role as chairman of the RSVP Advisory Group.

Mr Duncan Kirkbride Nicol, chief executive, National Health Service Management Executive, was made a Life Peer.



Catherine Dalton, pharmacy assistant at B.G. Glover's pharmacy, Sheffield, successfully completed the NPA staff training course and won the Marion Merrell Dow Award for "Student of the Month". She is pictured receiving her certificates and a £20 gift voucher from Ailsa Benson, head of training at the NPA, watched by pharmacist David Smith

## Nomination invitations

The College of Pharmacy Practice is inviting nominations for governors and associate representatives in its forthcoming elections.

Alan Crabbe, Miali James and Dr Margaret Steane have all completed their three year period of governorship and are eligible for re-election.

One vacancy is available for associate representative as Jayne Wood has passed the membership examination and become a full member of the College. The period of office for both

governors and associate representatives is three years.

Nominations for governors may be made only by and from Members of the College, while nominations for associate representatives may be made only by and from Associates of the College. All nominations should be proposed and seconded and have the written consent of the nominee. The closing date for nominations is Monday, February 8. The results of the elections will be announced at the College's agm on Wednesday, April 28.

## APPOINTMENTS

Dermot Egan joins the Board of United Drug as non-executive director. Stephen Simms and John White join the Board of United Drug as a consequence of the successful offer by the company for the entire share capital of Alchem plc, the holding company of wholesaler Sangers (Northern Ireland) Ltd. Mr Simms, currently joint managing director of Sangers (Northern Ireland) Ltd and a director of Alchem plc, joins the Board as an executive director. Mr White, chairman of Alchem plc since its formation in 1983, joins the Board as non-executive director.

Robinson Healthcare have appointed Colin Mills as director of sales — Consumer Products. This follows a period of restructuring of two key product areas, consumer products and medical products. Each now has its own marketing and sales team.

Dr Ewan Millar MB ChB has been appointed medical director of Scotia Pharmaceuticals. He will be based at the company's Guildford headquarters.

Whitehall Laboratories have appointed Clare Iredale and Anna Martyrossian as junior product managers in the medicines and cough/cold remedy divisions.

## Coming Events

### Monday, January 11

**Southampton & District branch RPSGB** "Recession or depression — A survival guide" — An evening with Mr Bob Hunter, advisor to the Hampshire Training and enterprise Council, Business Development service discussing the current business climate. Meeting at 7.30pm for 8pm in the Caen suite at The Novotel, Southampton. Buffet sponsored by Glaxo at 7.30pm. Meeting limited to 40 members. Phone Mr Tim Barlow on 0703 842131 to book a place.

### Tuesday, January 12

**South Lincolnshire branch RPSGB** "Current pharmaceutical affairs" by pharmacy inspector Mr R.B. Chatterton. Meeting at 7.30pm for 8pm in the Postgraduate Medical Centre, Pilgrim Hospital, Boston. **Leicestershire branch RPSGB** Alternative medicine — Aromatherapy, Homoeopathy, Acupuncture. Meeting at 7.30pm for 8pm in the Post Graduate Medical

Centre, Leicester Royal Infirmary. **Moray and Banff branch RPSGB** "Dietetics & the Community". Speaker Mrs Lennox. Joint meeting with the local Dietetics team. Meeting at 7.45pm for 8pm at Mansfield House Hotel, Elgin. Sponsored by Pharmitalia Inc.

**Lanarkshire branch RPSGB** "Aromatherapy" by Miss Tracy Stephen. Meeting at 8pm in the Old Mill Hotel, Motherwell.

**Fife branch RPSGB** "The work of Age Concern" by Joyce Cormie of Age Concern. Meeting at 7.45pm in Dunnikier House Hotel, Kirkcaldy. Buffet sponsored by Thomas Morson.

**Aberdeen and North Eastern Scottish branch RPSGB** Drug Use Evaluation (DUE). A practical approach to the subject by Mr Brian Godman. Meeting at 8pm in the Post Graduate Centre, Aberdeen Royal Infirmary.

**Barnet branch RPSGB** "Asthma and treatment protocols" by Dr Winter, consultant chest physician, Barnet General Hospital. Meeting at 8pm in the Postgraduate centre, Barnet

General Hospital. Buffet at 7.30pm.

### Wednesday, January 13

**Oxfordshire branch RPSGB** "Vitamins, facts and fallacies" by Jayne Lewis, paediatric dietitian, John Radcliffe Hospital. Meeting at 8pm in the Postgraduate Medical Centre, John Radcliffe Hospital.

### Thursday, January 14

**Dundee & Eastern Scottish branch RPSGB** "Are you less fit than your granny" by Dr Marion McMurdo, senior lecturer and consultant physician, Dundee. Meeting at 8pm in Lecture Theatre 2, Ninewells Medical School.

**Northern Scottish branch RPSGB** Branch Dinner at 7.30pm for 8pm in the Craigmonie Hotel, Inverness.

**Eastbourne and District branch RPSGB** Visit to Taylors developing and printing Works, Edgeland Terrace, Hampden Park at 8pm by permission of manager Mr M.J. Harley. Details from the Secretary Mr Philip Anson.

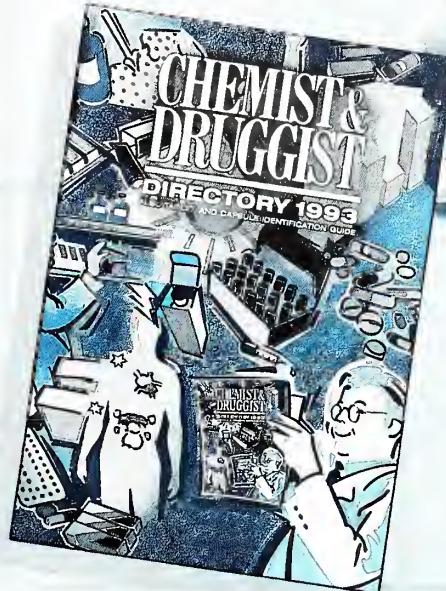
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